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PEACE OFFICER

NOV 10 2009

TRAINING COMMISSION  
LONDON, OHIORICHARD CORDRAY  
OHIO ATTORNEY GENERALPrint Form  
RECEIVED  
PEACE OFFICER

OCT 28 2009

TRAINING COMMISSION  
LONDON, OHIO

## NOTICE OF PEACE OFFICER APPOINTMENT

Complete all blanks. Type or Print Legibly. Enter N/A if not applicable. Complete pages one and two for a new appointment. Complete only page one for a status change. Email, Fax or Mail this document within 30 days of the appointment or status change. For Correction to Record information, enter correct information on this form and send a letter explaining the changes.

OFFICER INFORMATION		1. Name (Last) (First) (Middle)		2. Social Security Number
3. Alias (Last) (First) (Middle)		STEWART CHRISTINA DAWN		[REDACTED]
4. Birth date (mm/dd/yyyy)		5. Email Address		
09/06/1973		[REDACTED]		
6. Home Mailing Address (#/Street/PO Box)		[REDACTED]		
7. Training Academy (Academy Name)		8. Training Academy (Academy Number)		9. Dates of Training
(Only complete if this is the officer's first appointment)		EASTERN OHIO LAW ENFORCEMENT TRAINING ACADEMY		09/02/09 02/15/2009 - 09/09/2009

AGENCY INFORMATION		8. Agency Name	
9. Agency Email Address		AMSTERDAM POLICE DEPT	
10. Agency Phone Number		740-543-3771	
11. Agency Mailing Address (#/Street/PO Box)		12. City	13. Zip Code
103 SPRINGFIELD ST./P.O. BOX 115		AMSTERDAM	43903
		14. County Name	
		JEFFERSON	

APPOINTMENT INFORMATION (check the appropriate boxes)		12. <input checked="" type="checkbox"/> New Appointment <input type="checkbox"/> Status Change	
13. Appointment Date	14. Select New Status		
10/21/2009	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
<input type="checkbox"/> City/Municipality Full-Time/Part-Time (737.02) <input type="checkbox"/> City/Municipality Auxiliary/Reserve/Special (737.051)			
<input type="checkbox"/> Sheriff (311) <input type="checkbox"/> Deputy Sheriff (311.04) <input type="checkbox"/> Township Police Officer (505.00) <input type="checkbox"/> Township Constable (509.01)			
<input type="checkbox"/> Village Chief (737.15) <input checked="" type="checkbox"/> Village Full-Time/Part-Time/Special (737.16) <input checked="" type="checkbox"/> Village Auxiliary/Reserve (737.161)			
<input type="checkbox"/> Other (Indicate the correct ORC/Charter Number)			

ATTESTATION OF LAW ENFORCEMENT AGENCY ADMINISTRATOR		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	
15. Signature of Law Enforcement Agency Administrator	16. Name and Title	17. Date	
[Signature]	Gary Pepperling	10-21-09	
NOTARY			
Sworn to and subscribed before me this 21 <sup>ST</sup> day of OCTOBER, 2009 in the county of JEFFERSON, Ohio.			
[Signature]		My commission expires JUNE 29, 2013.	
Signature of Notary		Affix Seal Here	



Officer Name (Last) STEWART (First) CHRISTINA (Middle) DAWN Social Security Number [REDACTED]

**18. OATH OF OFFICE**

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Christina Stewart 10-21-09  
 Signature of Appointee Date

Gary Pepperling 10-21-09  
 Signature of Appointing Authority Name of Appointing Authority and Title (Type or Printed Legibly) Date

**OHIO PEACE OFFICER APPOINTMENT HISTORY**

Use additional pages if needed to complete the entire work history.

<p>19. Appointed By (Agency Name and County):</p>	<p>20. From (mm/dd/yyyy): To (mm/dd/yyyy):</p>
<p>21. Appointment Status (Check Appropriate Box):</p> <p> <input type="checkbox"/> Full-Time                 <input type="checkbox"/> Part-Time                 <input type="checkbox"/> Auxiliary                 <input type="checkbox"/> Reserve                 <input type="checkbox"/> Special                 <input type="checkbox"/> Seasonal             </p>	
<p>22. Appointed By (Agency Name and County):</p>	<p>23. From (mm/dd/yyyy): To (mm/dd/yyyy):</p>
<p>24. Appointment Status (Check Appropriate Box):</p> <p> <input type="checkbox"/> Full-Time                 <input type="checkbox"/> Part-Time                 <input type="checkbox"/> Auxiliary                 <input type="checkbox"/> Reserve                 <input type="checkbox"/> Special                 <input type="checkbox"/> Seasonal             </p>	
<p>25. Appointed By (Agency Name and County):</p>	<p>26. From (mm/dd/yyyy): To (mm/dd/yyyy):</p>
<p>27. Appointment Status (Check Appropriate Box):</p> <p> <input type="checkbox"/> Full-Time                 <input type="checkbox"/> Part-Time                 <input type="checkbox"/> Auxiliary                 <input type="checkbox"/> Reserve                 <input type="checkbox"/> Special                 <input type="checkbox"/> Seasonal             </p>	
<p>28. Appointed By (Agency Name and County):</p>	<p>29. From (mm/dd/yyyy): To (mm/dd/yyyy):</p>
<p>30. Appointment Status (Check Appropriate Box):</p> <p> <input type="checkbox"/> Full-Time                 <input type="checkbox"/> Part-Time                 <input type="checkbox"/> Auxiliary                 <input type="checkbox"/> Reserve                 <input type="checkbox"/> Special                 <input type="checkbox"/> Seasonal             </p>	
<p>31. Appointed By (Agency Name and County):</p>	<p>32. From (mm/dd/yyyy): To (mm/dd/yyyy):</p>
<p>33. Appointment Status (Check Appropriate Box):</p> <p> <input type="checkbox"/> Full-Time                 <input type="checkbox"/> Part-Time                 <input type="checkbox"/> Auxiliary                 <input type="checkbox"/> Reserve                 <input type="checkbox"/> Special                 <input type="checkbox"/> Seasonal             </p>	

SF400adm Revised 08/05/2009

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P.O. Box 309 London, Ohio 43140  
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 Fax: (740) 845-2675  
 Email: sf400@ohioattorneygeneral.gov

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